

12. OFFICERS OF THE CORPORATION/LIMITED LIABILITY COMPANY (list the names and use additional sheets if needed)

	NAME	GROUP MEMBERSHIP	GENDER (CIRCLE)	(DATE ELECTED) / (APPOINTED)
PRESIDENT			M / F	
VICE PRESIDENT			M / F	
SECRETARY			M / F	
TREASURER			M / F	
OTHER			M / F	

13. IDENTIFY ANY MANAGEMENT OFFICIAL OR OWNER (ITEM 2, 8, 9, 10, 11) WHO IS, OR WHO HAS BEEN, WITHIN THE LAST THREE YEARS, AN OWNER, MANAGER, OR EMPLOYEE OF ANOTHER FIRM THAT HAS AN OWNERSHIP INTEREST OR A PRESENT BUSINESS RELATIONSHIP WITH THE FIRM. PRESENT BUSINESS RELATIONSHIPS INCLUDE SHARED SPACE, EMPLOYEES, EQUIPMENT, OR FINANCING. EXPLAIN ANY SUCH RELATIONSHIPS BELOW.

14. CURRENT BOARD OF DIRECTORS

NAME	SOCIAL SECURITY NUMBER*	GROUP MEMBERSHIP	GENDER (CIRCLE)	DATES OF SERVICE	HOME ADDRESS (Number, Street, City, State, Zip)
			M / F		
			M / F		
			M / F		
			M / F		

15. PLEASE PROVIDE THIS FIRM'S EMPLOYEE INFORMATION FOR THE PAST CALENDAR YEAR

a. CURRENT NUMBER OF EMPLOYEES ON PAYROLL	FULL TIME	PART TIME
b. WERE ANY OF THE EMPLOYEES ON ANOTHER CONTRACTOR'S PAYROLL CONCURRENT WITH EMPLOYMENT WITH THIS FIRM?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE EXPLAIN IN ITEM 25 OR ATTACH AN ADDITIONAL SHEET	

16. DOES YOUR COMPANY OWN EQUIPMENT TO PROVIDE THE ESSENTIAL FUNCTIONS OF YOUR BUSINESS?    ☐ YES    ☐ NO

17. INDICATE THIS FIRM'S GROSS RECEIPTS FROM THE LAST THREE (3) YEARS TAX RETURNS.	18. LIST ALL SOURCES, AMOUNTS OF MONEY LOANED TO THE FIRM AND THEIR UNPAID BALANCES (USE ADDITIONAL SHEETS IF NEEDED)																												
<table><tr><th>YEAR ENDING DATE</th><th>GROSS RECEIPTS</th></tr><tr><td>YEAR</td><td>\$</td></tr><tr><td>YEAR</td><td>\$</td></tr><tr><td>YEAR</td><td>\$</td></tr></table>	YEAR ENDING DATE	GROSS RECEIPTS	YEAR	\$	YEAR	\$	YEAR	\$	<table><tr><th>SOURCE</th><th>AMOUNT</th><th>UNPAID BALANCE</th><th>DATE DUE</th><th>REASON</th></tr><tr><td></td><td>\$</td><td>\$</td><td></td><td></td></tr><tr><td></td><td>\$</td><td>\$</td><td></td><td></td></tr><tr><td></td><td>\$</td><td>\$</td><td></td><td></td></tr></table>	SOURCE	AMOUNT	UNPAID BALANCE	DATE DUE	REASON		\$	\$				\$	\$				\$	\$		
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19(a.) HAS THE FIRM EVER BEEN DENIED CERTIFICATION AS A MINORITY/WOMEN BUSINESS ENTERPRISE BY ANY GOVERNMENTAL AGENCY?	19(b.) HAVE ANY OF THE INDIVIDUALS LISTED IN ITEMS 2, 9, 10, AND 11 BEEN AN OWNER OR MANAGER WITH A FIRM THAT HAS BEEN DENIED CERTIFICATION AS A MINORITY/WOMEN BUSINESS ENTERPRISE BY ANY OTHER GOVERNMENTAL AGENCY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF THE ANSWER TO 19(a.) OR 19(b.) IS YES, EXPLAIN IN ITEM 25 OR ATTACH AN ADDITIONAL SHEET